



# Republic of Guyana

## FIREARM REGISTRATION FORM (INDIVIDUAL)

**INSTRUCTION:** Please complete form in **CAPITAL LETTERS**.

### A. APPLICANT'S BIO-DATA

Last Name :	First Name:	Middle Name:
Date of Birth: ____/____/____ yyyy/mm/dd	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Present Address: _____ _____		
Previous Address: _____ _____		
Tel. No.:	National I.D. No.:	Profession or Occupation:
		E-mail:

### B. TYPE OF FIREARM(S) BEING REGISTERED

#### PISTOL/REVOLVER

Quantity	Calibre	Firearm Serial Number(s)	Guyana Marking(s)
	<input type="checkbox"/> .22		
	<input type="checkbox"/> .25		
	<input type="checkbox"/> .32		
	<input type="checkbox"/> 9 mm		
	<input type="checkbox"/> Other		

#### SHOTGUN

Quantity	Calibre	Firearm Serial Number(s)	Guyana Marking(s)
	<input type="checkbox"/> 12 Gauge		
	<input type="checkbox"/> 16 Gauge		
	<input type="checkbox"/> 20 Gauge		
	<input type="checkbox"/> Other		

#### RIFLE Bolt Action Semi-Automatic

Quantity	Calibre	Firearm Serial Number(s)	Guyana Marking(s)
	<input type="checkbox"/> .22		
	<input type="checkbox"/> .223		
	<input type="checkbox"/> .243		
	<input type="checkbox"/> .270		
	<input type="checkbox"/> Other		

Date of Application: \_\_\_\_\_ Station/Division where Application was processed: \_\_\_\_\_

Date Original Licence was Issued: \_\_\_\_\_ Station/Division where Original Licence was Issued: \_\_\_\_\_

### C. USE OF THE FIREARM

- |  |   |
|--|---|
| <input type="checkbox"/> Protection of Business        | <input type="checkbox"/> Provision of Security Services |
| <input type="checkbox"/> Personal Protection           | <input type="checkbox"/> Protection of Crops/Livestock  |
| <input type="checkbox"/> Other (Please Specify): _____ |   |

### D. DECLARATION

I hereby declare that the information provided by me is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date